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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number				To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY
Г	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)	$\Box$	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		П	N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =				П	x \$ =		OR	x s =	
	DEPENDENT CLAIM CFR 1.16(h))		minus 3 =		•			x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and of sheets of paper, the applies \$250 (\$125 for small additional 50 sheets or 1 35 U.S.C. 41(a)(1)(G) a			pplication size fee due Il entity) for each r fraction thereof. See						
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))											
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.									J	TOTAL	
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	06/20/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Ĭ.	Total (37 CFR 1.18(i))	· 10	Minus	<b> 2</b> 0		= 0	П	x \$ =		OR	X \$50=	0
뷝	Independent (37 CFR 1.16(h))	• 1	Minus	3		= 0	П	x \$ =		OR	X \$200=	0
Ĭ,	Application Size Fee (37 CFR 1.16(s))						П					
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR		
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	R ELY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ΞI	Total (37 CFR 1,18(i))	*	Minus	**		=	П	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1/16(h))		Minus	***		=	П	X \$ =		OR	x s =	
띪	Application Size Fee (37 CFR 1.16(s))						П			]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						П			OR		
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

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